AAA-1163A FORPD (6-08)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Aging and Adult Services

OMBUDSMAN CASE

TO BE COMPLETED WHEN A COMPLAINT IS RECEIVED BY THE CERTIFIED OMBUDSMAN PROGRAM. SEND A COPY TO THE STATE OMBUDSMAN

OMBUDSMAN'S NAME | CLIENT NAME

1. TYPE OF FACILITY:

☐ Skilled Nursing Facility ☐ Unlicensed Home ☐ Assisted Living Center
☐ Assisted Living Home ☐ Adult Foster Care ☐ Other (Q Complaint Category Only)

2. NAME OF FACILITY THAT ORIGNINATED COMPLAINT

REGION:

☐ Region One ☐ Region Two ☐ Region Three ☐ Region Four
☐ Region Five ☐ Region Six ☐ Region Seven ☐ Region Eight

DATE RECEIVED | DATE OF INITIAL CONTACT | DATE CLOSED

3. CLIENT TYPE ☐ Group ☐ Individual | GENDER ☐ Female ☐ Male

ETHNIC CATEGORY

☐ Native American Indian ☐ Asian ☐ Black/African-American ☐ Caucasian
☐ Hispanic ☐ Unknown/multi ☐ Other

4. REPORTING SOURCE

☐ Resident ☐ Facility staff ☐ Relative/friend
☐ Social service program ☐ Non-relative/guardian/legal representative ☐ Medical person/physician/staff
☐ Ombudsman ☐ Unknown/anonymous ☐ Other (specify) _____

Complaint Code Table

Record the complaint categories as applicable. One category per complaint.

Complaint Code (use Reference Code Table)	**Finding Code**		**Disposition Code**	**Disposition Code** (see below)
	Verified or Partially Verified	Not Verified		
	☐	☐		1. Partially resolved but some problems remain. 2. Complaint was not resolved to the satisfaction of resident or complainant. 3. Resolved to the satisfaction of resident or complainant. 4. No action needed/appropriate. 5. Resident or complainant request withdrawn. 6. Policy, regulatory or legislative action required to resolve. 7. Referred to another agency – no action. 8. Referral/no final report
	☐	☐		
	☐	☐		
	☐	☐		

Nature of Complaint

Equal Opportunity Employer/Program ◆ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact (602) 542-4446; TTY/TDD Services: 7-1-1.